Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIES IDENTIFICATION NUM		LE CONSTRUCTION : 01	(X3) DATE SURVEY COMPLETIED
HAL021008	B. WING	:	03/12/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY,	STATE, ZIP CODE	
EDENTON PRIME TIME RETIREMENT VILLAGE	105 MARK DRIVE EDENTON, NC 2793	2	RECTION (X5)
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PRÉFIX (EACH DÉFICIENCY MUST BE PRECEDED BY I TAG REGULATORY OR LSC IDENTIFYING INFORMAT	FULL I PREFIX	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE: [GOVERNOR]
C 000: Initial Comments	C 000	:	
Report of a Biennial Construction Survey Miller and Bob Getchell on March 12, 20	y by Ed 15.		
Records indicates that the front and cen (A, B, C wings) of this facility was first lic	ensed or	CONSTRUC	TION SECTION
the Aged. The facility is currently ficense	d for 60	MAY	0 1 2015
conformance with the applicable portion 2005 Rules for Licensing of Adult Care I	Homes of	REC	EIVED
the (1978 (Revision 5) Edition, of the No Carolina Building Code(s), Institutional Occupancy, and the 1984 Minimum Sta and Regulations for Homes for the Aged	ndards ·		
at time of initial licensure.			
The left back area (D wing) of the facility in 2010 must meet the 2009 NC State E Code, Institutional Occupancy and the 2 Rules for Adult Care Homes The facility is currently licensed for 60 E	2005		
Physical plant deficiencies were noted verquire a plan of correction.	which		
C 133 Bethrooms-Hand Grips	G 133	1	
SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms as	nd toilet		
rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by accessible to residents;			
This Rule is not met as evidenced by: 1. Based on observation, the facility to	anco to 1		(54) (547)
Division of Health Service Regulation ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESE	ENTATIVE'S SIGNATURE	TITLE	If continuation sheet 1 of 1

Linda Holley, 5-1-2015 Director

STATE FORM

	and the Condes Dr	egulation				(X3) DATE S	URVEY
Division o	of Health Service Re		1:		E CONSTRUCTION	COMPLE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER		A. BUILDING:	01	1	1
			- 1	s, WING		03/12	/2015
		HAL021008	لبإ				
	ROVIDER OR SUPPLIER	STREET	ADI	XRESS, CITY, S	STATE, ZIP CODE		
			ARK	DRIVE			
EDENTO	N PRIME TIME RETI	REMENT VILLAGE EDEN	TON	, NC 27932	PROVIDER'S PLAN OF CORRECT	ON i	{X5}
	SUMMARY ST	ATEMENT OF DEFICIENCIES		ID PREFIX	THE PROPERTY OF A CTION SHOULD	LLI DE	DATE:
(X4) ID PREFIX	The second second second second second	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPRO	PRINTE	
TAG	REBULATORTOR	LOG ME-TH	L.				
				C 133			1
C 133	Continued From p						. 1
	ensure that all resi	ident commodes, tubs and	H				
	showers are equip	ped with hand grips. This all residents who use theses	1			1	
	Marketon bur ned pro-	withing increased selety.	11				
	controlled against	Instability/ballalice, allo	İ				
	managuerability 81	the fixtures.			1		
	Findings on March	s band arine (drain built ivi u)	é				
	animades tibs s	and showers in the long ming					
	Leastings to includ	e but not imiliare io.	1				
	 martin for Alman Prove 	at Saa an Hall D.	1.		- N	4 10 54	2/10/11
		pervation, the facility failed to modes, tubs and showers are			These Items	were	12/12/13
	and the second state of the second	MA BARG GROS. I IIIS CONCION	cy:	1.	110 010 011		
	Transmitted to the control of the life	to who lise lisses unlocable	1		an peace.		
	I division has not been	wiging incleased select.	:				1
	controlled against maneuverability a	t instability/balarice, ario	1	1			
			1				
	mark and a company of	nece hand ones large cell 4	t the	1			1
	harmonia de la Participa de la	DAY SUOMERS III FIRE LONG TANKS	1		The Homes will corrected.	030	5101:5
		de but not limited to: grips in the front Spa on Ha			The dums were	wo	2010
	Front Sho	ower in Spa.			murected.		
	,		1.				
0.13	5 Rethrooms-Not to	o Be Utilized for Storage		C 135			!
0.10	1						1
	SECTION .0300	- PHYSICAL PLANT 0305 PHYSICAL			1		
			j				
	(e) The requiren	nents for bathrooms and toil	et		1 1 11		
					* .		
	The second first the second first	ilet rooms and bathrooms st r storage or purposes other	thar	1			-
	not be utilized to	n Item (4) of this Rule;					
	1						
	This Rule is not	met as evidenced by:	0			,	
		servation, the facility falled to dent tollet rooms and bathrooms	om s			-	-
	ensure that resid	John Wilder Land	4			15	ation sheet 2 of 11
	SE Province Beautal	tion	i		104	If continu	Reddy Research of the

Division of Health Service F STATEMENT OF DEPICIENCIES UND PLAN OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING:		03) DATE S COMPL	EYED 2/2015
	REPRESENTATION	TADDRESS, CITY, S	TATE, ZIP CODE		1
NAME OF PROVIDER OR SUPPLIE	405 M	ARK DRIVE			
EDENTON PRIME TIME RET	DEMENT VILLAGE FORN	TON, NC 27932	00.000	PECTION	[86]
EDENTON PRIME TIME RE-	- 127EQ	I ID	BECOMPRISO LANCETTE	SHOULD SE	DATE OF
(X4) ID SLIMMARY S PREFIX (EACH DEPICIEN TAG REQUIATORY OF	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)	PREFIX	GROSS-REFERENCED TO THE DEFICIENCY)	APPROPRIE	
		C 135			1
those indicated in residents who we space for the self-indings on Maria. The Bathrow the following location. i. Back Space C 160 Outside Premisting SECTION .030 10A NCAC 13F ENVIRONMEN	or storage or purposes of the re- n rule. This deficiency affects build not have the fixtures and rvices needed. ch 12, 2015: Im were being used as storag ations to include but not limit the Hall B. es-Clean, Safe 0 - PHYSICAL PLANT 1,0305 PHYSICAL	inan i all d/or ge in ed C 160	Storage Ut were rumo	ema wed -	3/18:15
1. Based on ensure that the in a clean and dould affect a grounds are a tripping hazar Findings on ha. The new through the geven with the C 164 Housekeepin SECTION C 10A NOCCH	sidewalk from Hall B right ex sidewalk from Hall B right ex ate does not have stable gro edges of the sidewalk. og and Furnishings-Clean, Re 300 - PHYSICAL PLANT 3F.0306 HOUSEKEEPIN	if the r if the r it door, and	new sidew will have ground ile the edges sidewalk	of the	th

STATE FORM

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIERICLIA IDENTIFICATION NUMBER				(X2) MULTIPLE A. BUILDING: 0	CONSTRUCTION	(X3) DATE 8 COMPL	AURVEY ETED 2/2015
		HAL021008	-	B. WING		03/1/	12010
	THE RESIDENTER	STREET	ADD	RESS, CITY, ST	ATE, ZIP CODE		1
	ROVIDER OR SUPPLIER	105 M	ARK	DRIVE			
EDENTO	N PRIME TIME RETIR		ON	NC 27932	PROVIDER'S PLAN OF CORRECT	ION	(MS) COMPLETE
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	Continued From po	age 3		C 164	1 1		
C 164	(1) have walls, ce coverings kept cle (2) have no chron (3) have furniture (e) This Rule shal facilities.	ilings, and floors or floor an and in good repair; ic unpleasant odors; clean and in good repair; Il apply to new and existing	The state of the s	-			
	Based on Observation Rule, This would a visitors by potential conditions.	net as evidenced by: servation, the facility failed to sment in accordance with thi affect all residents, staff and ally exposing them to unsant h 12, 2015:]:				
	Some plumble enough to reach a equipped with variable backsiphonag of water plumbing lifellowing location i. The front Sparage on Observide an environ Rule. This would be a provided to the provided and the plumbing the plumbing the plumbing the provided and the plumbing the plum	gray water that were not gray water that were not gray water back into the pokenes. The hoses are at the s to include but not limited to a on Hall B tub hose. servation, the facility falled to affect all residents, staff and include them to odors, unsanitary	o Nis		Has Yacuumil		
	conditions and e Findings on Marr a. The ice mad piped directly on the potential for	to the floor receptor, resulting the drain line to clog and to the floor receptor, resulting the drain line to clog and the drain	s ng in		Se machined	leun	4/28/15
	b. The Bulk La drain line was m	issing. tion of the commode to the f e following locations to include	llaari	ut	Connection to	yad	4/28/6
	/ Health Service Regula	tion	-	5299	VTQJ21	H conti	nuntion shoul 4 of 1

	Health Service Re of DEFICIENCIES F CORRECTION	IDENTIFICATION NUMBER		X2) WULTIPLE CO A, BUILDING: 01 B, WING		(X3) DAYE COMPI	SURVEY LETED 2/2015
		STREET	KDD	RESS, CITY, STA	TÉ, ZIP COD€		
NAME OF PE	ROVIDER OR SUPPLIER	105 M	ARK	DRIVE			
in direction	PRIME TIME RETIF	REMENT VILLAGE EDEN	TON	NC 27932	PROVIDER'S PLAN OF CO	RRECTION	(XB) COMPLETE
(X4) ID PREFIX	PLEBALRY ST	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY PULL LSC IDENTIFYING INFORMATION)		PREPOX YAG	(ILACH CORRECTIVE ACTION (ILACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	APPROPRIATE	DIVE
TAG	News		-	C 193			1
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C 183			1	C 183	,		1
C 183	Fire Extinguishers	•	-] '	1 1			
c t	10A NCAC 13F .0 (a) At least one if A-B-C type fire ex 2,500 square feel (b) One five pour or CO/2 type is reapplicable, in the This Rule is not 1. Based on obprovide an envirousitors by not he proper working of Findings on Mar a. Through-out documentation monthly inspect 88 Electrical Outle SECTION .030 10A NCAC 13F All adult care he locations at sir building shall in the seed of maintain in a receptacles or residents, standard fault proper some control of the seed of	PHYSICAL PLANT 308 FIRE EXTINGUISHE ive pound or larger (net char dinguisher is required for ear t of floor area or fraction ther nd or larger (net charge) A-B equired in the kitchen and, w maintenance shop. met as evidenced by: servation, the facility failed to onment in accordance with to affect all residents, staff an eving emergency equipment order. rch 12, 2015: If the building, there was no of the portable fire extinguisitions on the maintenance tag its in Wet Locations 10 - PHYSICAL PLANT 11 - 0310 ELECTRICAL OUT nome electrical outlets in wet make ground fault interrupter that met as evidenced by: n Observation, the facility fail safe manner, the electrical safe manner, the electrical fit and visitors by not providing forotection to these devices. March 12, 2015: Ind-fault circuit-interrupter (G	chirecting	C 188	Documenta		3/2.5/15
	a. The grou	Ind-tauk directi			VTQJ21	. 4	continuation sheet 5 of 11
	Car Car	netation and a		\$409	V I GOVE 1		

			-				(X3) DATE S	URVEY	
	Health Service Re	gulation	(XX	MULTIPLE	CONSTRUCTION .	- 1	COMPL	TED	
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A.8	BUILDING: 01	'		03/12	2/2015	
, , , , , ,		004000	D.1	WING					
		HAL021008	ADDRE	SS. CITY, ST	ATE, ZIP CODE				
	COVIDER OR SUPPLIER	STREET	ARK DI	RIVE		;	1		
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	TOWNS TO ST	ATEMENT OF DEFICIENCIES	111	ID PREFIX TAG	PROVIDER'S PLAN OF OU (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	EAPPRO	OPRIATE	DATE.	
PREFIX TAG	FEGULATORY OR	Y MUST BE PRECEDED BY FORM LSC IDENTIFYING INFORMATION)	4	C 188					
	Continued From p	age 5	31.1					1	
C 188	o'ectrical power re	eceptacle did not have electr not be tested for ground fault tions to include but not limite	cal sat d		will be to and vepla needed	ted ced	t üb	5/8/15	
	to:	Kilchen door.	111		and od		_	1	
	I. Extends now	O-orobi	00	C 189	needea			1 1	
C 18	Ruilding Equipme	ent Maintained Safe, Operati	, a					1 1	
	SECTION .0300 10A NCAC 13F . REQUIREMENT (a) The building mechanical, and care home shall operating condii (k) This Rule si facilities with the which shall not	- PHYSICAL PLANT 0311 OTHER 'S and all fire safety, electrical plumbing equipment in an a be maintained in a safe and lion. hall apply to new and existing e exception of Paragraph (e) apply to existing facilities.	adult						
	1. Based on maintained in a because some obstructed. The and visitors if compartment Findings on Ma. On Hall D (loaded) cover 2. Based on maintained in because the maintained if residents, strucke and s	ot met as evidenced by: observations, the Building was a safe and operating conditions as safe and operating conditions are also could affect all residents, fire is not contained in Room of origin. Itarch 12, 2015: In the Porch fire sprinkler headed with dust/debris. In observation, the Building was a safe and operating conditions are as a safe manner. This would aff and visitors by not detecting the fire alarm. March 12, 2015: In Count mounted smoke detections are alarm. March 12, 2015: In Count mounted smoke detections are alarm.	staff of d was as not lion, as not affect ng	all	Jire Spring		plet		15
	1	- Indian		4809	VTQJ21	-	,		

Division 6	of Health Service Re	gulation	1	Y21 MULTIPLE	CONSTRUCTION			(X3) DATE S	EURVEY	
errandadiki)	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		. BUILDING: 0						
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	ROVIDER OR SUPPLIER				TATE, ZIP CODE				1	
		105 M	ARK	DRIVE			1			
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	and From M	on 6	1	C 189						
C 189	Continued From pa	age o	éct		will.		,	, .		
		ave no access doors to insp ole tubes.				0.0	VON	mod	/irupu	RCECL
			a		Willy	WE!	Jupa		10 .	1
					19415	1151	15.		1	1
	possibly intertering	With the smoke determine			120					
	a Based on obs	ervations, the Building was	not							
	maintained in 8 98	te and obeleging consulting						:	1	
										1
1		ed construction invalidated in id affect all residents, staff a								1
	integrity. This coo	re is not contained in Room	Óf.							
	Compartment of 0	yrigin.			Repai		. O.r	0000	n) 4150	15
		h 12, 2015: all had a two, two inch PVC	1	D	t Kepai	rea	J' Key		41-4100	41-
	I allow the three tide (P)	e line-lesionalico i dime	- U	ΓV	high	000	aano	\Box		
	construction with	no sealant in them.			Iwa.	محرب				
1	b. All of the attic	access door were open on	This						1	1
1	front:left hall (A V	ing) at the time State Build	ding /		1	20	ni on a	$d \omega v$	ひつに	115
			g 01/	B)	attic	ac	Circo	,,,,,	10	10
1				1	Close	ď	:			1
	Maintenance indi	cated the attic access were	rom		1		4 .		4-11-1	9
	open in and atter	npt to keep the tratal	- 1		Va				,	1
	freezing.	water line through ceiling	C)	(C	Repair	ruce			d Sidon	4
	assembly at Bac	k Mech Room Hall D,	nom.					ructu	Of Date	7
1	d. Unprotected	ceiling perioritation around h	nood		Kepau Duril Will	1 1000	. 0 . 100	ni ntor	15-6-1	5
1	e. Unprotected	tem and crown molding in		1 6	JUL 100	nai	עט קאט	DRICH		1
ł	Kitchen,	to a librari	i. obio	1(0	Julian				4-22-1	5
	f. The ceiling h	ad one cable running throu	girja	1 6	とり しいっつ	uct	w		122	
	% inch hole in th	e Starr Lourige,	eves	1	F) Corr		1 12			1
1	g. The centry i	s that have no firestopping							1	
	+e-clant inside ti	ien in the lollowing law.	100	/	ann	, p-1-1	1		4-22-	5
	like hide but not i	mited to:	- 1		>+ (MV	سائلا			1-11	
1	1 1 1111166	Room Hall D, Hall D	- 1	1/						
1	h. The ceiling	has holes in the lollowing	- 1					Henry	nuation sheet 7	o# 11
Division	of Health Service Regule	tion		5819	VTQJ21			II COM	The state of the s	

STATE FORM

NAME OF PROVIDER OR SUPPLIER DENTON PRIME TIME RETIREMENT VILLAGI OCCUPATION CONTINUE TIME RETIREMENT VILLAGI OCCUPATION CONTINUE TIME RETIREMENT VILLAGI OCCUPATION OCCUPATION CONTINUE TIME RETIREMENT VILLAGI OCCUPATION OCCU	Division	of Health Service Re	egulation	Ţ.		C COMPANION OF THE COMP	(X2) DATE SURVEY
NAME OF PROVIDER OR SUPPLIER EDENTON PRIME TIME RETIREMENT VILLAGI OC. (1) D. SUMMANY STATEMENT OF DEPTICEMENTS (SUMMANY STATEMENT OF DEPTICEMENTS) (C 189) (DOBLING) (C 189) (C 189) (C 189) (DOBLING) (C 189) (DOBLING) (DOB	STATE MENTAL	Y OF DEFICIENCIES		ŀ			COMPLETED
NAME OF PROVIDER OR SUPPLIER EDENTON PRIME TIME RETIREMENT VILLAGE (CA) DO (AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER		A, BUILDINGS	ui .	
MALE OF PROVIDER OR SUPPLIER EDENTON PRIME TIME RETIREMENT VILLAGE ONLY ID SUMMARY STATEMENT OF DEPICIENCES SUBMINOR OF STREET ALORESS, CITY, STATE, JP OODE SUMMARY STATEMENT OF DEPICIENCES SUBMINOR OF STREET ALORESS, CITY, STATE, JP OODE SUMMARY STATEMENT OF DEPICIENCES SUBMINOR OF STREET ALOREST ON THE APPROPRIATE ONLY ID SUMMARY STATEMENT OF DEPICIENCES SUBMINOR OF STREET ALOREST OR SUMMARY STATEMENT OF DEPICIENCES SUBMINOR OF STREET ALOREST OR SUMMARY STATEMENT OF STREET ALOREST OR SUMMARY STATEMENT OF STREET ALOREST OR SUMMARY STATEMENT OR OR SUMMARY SUMMARY STATEMENT OR SUMMARY SUMMA				-			03/12/2015
EDENTON PRIME TIME RETIREMENT VILLAGI CONTROL SUBMANT STATEMENT OF DEFICIENCES EDENTYON, N. C. 27932 PRODUCERS PLAN OF CORRECTION PRIME BE PRECEDED BY PLUL REQUISITION OF OR LSE DENTIFYING INFORMATION) CONTROL CONTINUED From page 7 Incations: L. The light/fan fixture did not cover the complete holds through the ceiling at the following locations to include but not limited to: as. Corridor at Beauty Shop. bb. Med Room. L. Through-out the Attic, the draft stop had multiple openings, pipe and cabile penetrations. 4. Based on observation, the Building was not maintain in a safe manner, because the integrity of the fire-resistance-rated corridor (turnel construction) was breached in several locations: This could affect all residents, staff and visitors by not providing a safe exit corridor. Findings on March 12, 2015: Findings on March 12, 2015: Sased on observation, the Building was not maintained in a safe and operating condition, because the exit sign, did not work or relay directional information properly. This would affect all residents, staff and visitors handled energency. Findings on March 12, 2015: B. Hall A (an exit access corridor) has multiple chandeller siyle light fixtures hanging down the chandeller siyle light fixtures hanging condition, because the fire rated doors in a Firewall did not close completely and latch			HAL021008	Ŀ	B. WING		
EDENTON PRIME TIME RETIREMENT VILLAGI CONTROL SUBMANT STATEMENT OF DEFICIENCES EDENTON, NC 27932 PRODUCTOR ACTION STOULD BE PRECEDED BY FULL SUBMANT STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG OF CORRECTIVE ACTION SHOULD BE GROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY STATE OF THE IGNATION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY STATE OF THE IGNATION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY STATE OF THE IGNATION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY STATE OF THE IGNATION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY STATE OF THE IGNATION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY STATE OF THE IGNATION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY STATE OF THE IGNATION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY STATE OF THE IGNATION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY STATE OF THE IGNATION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY STATE OF THE IGNATION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY STATE OF THE IGNATION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY STATE OF THE IGNATION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY STATE OF THE IGNATION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY STATE OF THE IGNATION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY STATE OF THE IGNATION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY STATE OF THE IGNATION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY STATE OF THE IGNATION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY STATE OF THE IGNATION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY STATE OF THE IGNATION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY STATE OF THE IGNATION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY STATE OF THE IGNATION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY STATE OF THE IGNATION SHOULD BE CROSS-REFERENCED TO THE IGNATION SHOULD BE CROSS-REFERE			STREE	TAD	ORESS, CITY, S	STATE, ZIP CODE	
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C 189 Continued From page 7 locations: I. The light/fan fixture did not cover the complete by through the celling at the following locations is include but not limited to: as. Corridor at Beauty Shop. bb. Med Room. I. Through-out the Attic, the draft stop had multiple openings, pipe and cable penetrations. 4. Based on observation, the Building was not maintained in a safe manner, because the integrity of the fire-resistance-rated corridor (Lunnel construction) was breached in several locations. This could affect all residents, staff and visitors by not providing a safe exit corridor. 5. Based on observation, the Building was not maintained in a safe and operating condition, because the exit sign, did not work or relay directional Information properly. This would affect all residents, staff and visitors by directional Information properly. This would affect all residents, staff and visitors in the control of the corridor because the exit sign, did not work or relay directional Information properly. This would affect all residents, staff and visitors in they could not promptly find their way to an exit during and emergency. Findings on March 12, 2015; a. Hall A (an exit access corridor) has multiple chandeler style light Extures hanging down the canteer of the corridor blocking the ability to see two separate means of egrees when you exit most bedrooms. 6. Based on observation, the Building was not maintained in a safe and operating condition, because the fire rated doors in a Firewall did not close completely and latch in order to contain smoke/fire. This could affect all residents, staff in sendents, staff in the residents, staff in sendents, staff and visitors in a Firewall did not close completely and latch in order to contain smoke/fire. This could affect all residents, staff in sendents, staff in the sendents of the corridor blocker in a Firewall did not close completely and latch in order to contain smoke/fire. This could affect all residents, staff	EDENTO	N DRIME TIME RETIR	REMENT VILLAGI EDEN				
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INTERIOR OF PROPERIES AND PROJECTION NAME OF PROVIDER OR SUPPLIER HALD21008 STREET ADDRESS, CITY, STATE, ZIP CODE 108 MARK DRIVE EDENTON PRIME TIME RETUREMENT VILLAGE 109 MARK DRIVE EDENTON PRIME TIME RETUREMENT VILLAGE 100 MARK DRIVE 100 M	Division o	of Health Service Re	gulation	<u>L</u> ,			LIVE DATES	N ASTONIA
MANE OF PROVIDER OR SUPPLIER EDENTON PRIME TIME RETIREMENT VILLAGI 105 MARK DRIVE EDENTON, NO. 27932 SUMMARY STATEMENT OF DEPOSISCIES PREFIX TABLE SUMMARY STATEMENT OF DEPOSISCIES PROFIDER TABLE OPERATION, NO. 27932 PROVIDERS PLAN OF CORRECTION (REGULATORY OR LSS IDENTIFYING INFORMATION) PREFIX TABLE C 189 And visitors by not containing smoke/fire in the fire compartment of origin. Findings on March 12, 2015: a. The Panty door was equipped with hasp hardware without an override device. b. The panic hardware on the front leaf of their cross-confridor door on Hall A Firewall was difficult to operate. 8. Based on observation, the Building was not maintained in a safe and operating condition, because the emergency lighting, which illuminates the egress pathway during power outages, did not work properly. This would affect all residents, staff and visitors if the egress pathways were not illuminated during the power outages and there was no other illumination. Findings on March 12, 2016: a. The wall-mounted self-contained emergency light did not work on backup power when the test button was pushed at the following locations to Include but not limited to: Between Bedrooms 131 and 133, b. The back feding headlight on the wall-mounted self-contained emergency light did wall-mounted s	STATEMEN'	OF DEFICIENCIES	1X1\ PROVIDERUSUPPLIER/CUA	The state of the s				
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Continued From page 8 and visitors by not containing smoke/fire in the fire compartment of origin. Findings on March 12, 2015: a. The front leaf of the cross-corridor doors on Hall A did not latch when the fire alarm system released the doors. 7. Based on observation, the Building was not maintained in a safe and operating condition, by falling to ensure that egress from all areas can be done without the use of keys, tools or, special knowledge or effort. This could affect some staff and visitors if someone becomes trapped inside. Findings on March 12, 2015: a. The Pantry door was equipped with hasp hardware without an override device. b. The panic hardware on the front leaf of their cross-corridor door on Hall A Firewall was difficult to operate. 8. Based on observation, the Building was not maintained in a safe and operating condition, because the emergency lighting, which illuminates the egress pathways during power outages, did not work properly. This would affect all residents, staff and visitors if the egress pathways were not illuminated during the power outages and there was no other illumination. Findings on March 12, 2015: a. The wall-mounted self-contained emergency light, did not work on backup power when the test button was pushed at the following locations to Include but not limited to: I. Between Bedroome 131 and 133, b. The back facing headlight on the wall-mounted self-contained emergency light did	PREFIX	THE RESERVE OF THE PROPERTY AND ADDRESS OF THE PARTY OF T	A PRINCE BE ESECUDED BY LOTT :		PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETE
but not limited to:		Continued From particles on Marcha. The front leaf Hall A did not latch released the doors. 7. Based on observations to ensure the done without the continued on a stating to ensure the done without the continued on Marcha. The Pantry do hardware without b. The panic has cross-corridor door to operate. 8. Based on observations of the ensure the ensure the ensure the ensurement of the en	containing smoke/fire in the origin. 12, 2015: of the cross-corridor doors of when the fire alarm system of and operating condition, that egress from all areas can use of keys, tools or, specially. This could affect some streens becomes trapped inside the constained device. The could affect some streens or was equipped with hasp an override device. The contained device of the contained operating condition, regency lighting, which press pathways during power work properly. This would affect some streens of illuminated during the power was no other illumination. In the following locations work properly. This would affect the following locations on backup power when the ed at the following locations will be deadlight on the lifecontained emergency lighting power when the test but he following locations to income for the locations for the locations to income for the locations	n other state of the state of t		will be comy by 5/13/15	oletle	1700-00-1700-00

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Division	Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLV			(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY
AND PLAN (OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:		A. BUILDING: 0		COMPLETED	
				n 14/11/2		03/13	/2015
		HAL021008		B, WING		1 00/12	2010
NAME OF P	ROVIDER OR SUPPLIER				TATE, ZIP CODE		
	N PRIME TIME RETI	REMENT VILLAGE EDEN		DRIVE , NC 27932			
EDENTO		ATEMENT OF DEFICIENCIES	101	ID ID	PROVIDER'S PLAN OF CORRECT	ION I D RE	(X5) COMPLETE
(X4) ID PREFIX	ATTACKS OF BUILDING	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	OPRIATE	DATE
TAG	REGULATORY OR I	SO IDENTIFY THE INITIAL STATE OF			DEFICIENCY)		
C 189	Continued From pa	age 9		C 189			
0 100	Containada i Toiri P						
	9. Based on obse	ervation, the Building was no	ot				
	maintained in a se	fe and operating condition, to fire resistance of doors the	Jy .		111 1	Jotad	
	l onno NC State Bu	ilding Code defines as			WIII be COM	Julio	
	Uncidental Lise An	ea" requiring additional			will be come - lug 5/10/15.		
	protective measur	es. This could affect all d visitors if smoke/fire is not			31411		1
	contained in Room	n or fire compartment of orig	in.				1
	Cindings on March	12. 2015:		1			
	a. The Solled Ut closure arm remo	iiity Room in Hail D had its o	1001				
	b. The Kitchen h	ad its door closure removed	i,				
	maintained in a si because some co passage of smok	servation, the Building was nafe and operating condition, order doors did not resist the due to holes in the leaf of affect all residents, staff and its did not contain smoke/fire to 12, 2015;	e the d		Will be come our 5/7/15.	pieted	
	- There were t	wo 1/4 inch diameter holes :			- 111		
	through the door in the following re i. Office 101.	beside the door latening on	VICE		my 5/7/15.		
	maintained in a second proper affect all residen fall, breaking the and turning it into the second proper affect on Maintaine and Maintaine an	bservation, the Building was safe and operating condition e medical oxygen cylinders by handled/stored. This coul- tis, staff and visitors if cylind elir valves, propelling the cylin o a dangerous projectile.	were d ers nder		will be compl - log 5/10/15.	ited	
	nnihnets besets	e medical oxygen cylinders up on the floor not secured following locations to includ	10 0	16.	- Jour States		

ATEMEN	of Health Service Re or OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION :	(XX) DATE SURVEY COMPLETED	
		HAL021008		B. WING		03/12/2015	
NAME OF F	ROVIDÉR OR SUPPLIER	STREE	TAD	DRESS, CITY,	STATE, ZIP CODE		
EDENTO	N PRIME TIME RETIR	PERCENT VILLAGE		C DRIVE 1, NC 27932			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)		PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LO BE COMPLETE	
	provided with exhautwo cubic feet per in requirement does in before April 1, 1984 these specified spa (1) soiled linen stor (2) soil utility room; (3) bethrooms and (4) housekeeping (5) laundry area. (k) This Rule shall facilities with the exwhich shall not app. This Rule is not me 1. Based on Observide an environ Rule by not having odors are generate residents, staff and odors. Findings on March a. There was no vlocations to include it. Laundry Area in Around Bedroo	PHYSICAL PLANT 11 OTHER ed in this Paragraph shall to st ventilation at the rate of intute per square foot. This ot apply to facilities license, with natural ventilation in ces: rege; toilet rooms; closets; and apply to new and existing ception of Paragraph (e) by to existing facilities. et as evidenced by: ervetion, the facility failed to nent in accordance with this ventilation in areas where d. This could affect all visitors by subjecting them. 12, 2015: rentilation to the following but not limited to:	0.000	C 199	all areas we provided with exhaust vent		